

ENROLMENT FORM (BSB50207)

Personal Details		Student Number: _____	
Surname:	_____	Phone: (H)	(W)
Given Names:	_____	Fax: (H)	(W)
Date of Birth:	_____	Mobile:	_____
Country of Birth:	_____	Email:	_____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Address: (Residential)	_____
Emergency Contact:	_____		_____
Contact Phone:	_____	Postcode	_____
Aboriginal / Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No		Postal Address; (if different from above)	_____
Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No			_____

Do you have any physical or learning disabilities which could prevent you from completing this course? Y N

Employment Status		
<input type="checkbox"/> Employer	<input type="checkbox"/> Full-Time Employee	<input type="checkbox"/> Unemployed – Seeking Full-Time Work
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Part-Time Employee	<input type="checkbox"/> Unemployed – Seeking Part-Time Work
	<input type="checkbox"/> Employed – Unpaid Family Worker	<input type="checkbox"/> Unemployed – Not Seeking Employment

Employer's Name:	_____	Address:	_____
Phone:	_____		_____
Fax:	_____		_____
Email:	_____	Postcode:	_____

Educational History	
Last Institute Attended:	_____ Date: ____ / ____ / ____
Highest Level Attained:	_____

Course Details	
Course Code: BSB50207	Course Name: Diploma of Business
BSB50207 Start Date: ____ / ____ / ____	Finish Date: ____ / ____ / ____

I agree to abide by the rules of Southern Cross International Learning Institute in as far as they may apply to me.

I declare that the submission of incorrect or incomplete information may result in a cancellation of enrolment.

I recognise that it is my responsibility to provide all necessary documentary evidence in order to show competency has been achieved.

I hereby give permission to Southern Cross International Learning Institute to verify the authenticity of my qualifications and/or any other documentation as required.

Signature: _____

Date: ____ / ____ / ____

Intended Study Program

<u>RPL</u>	<u>Training</u>	Unit No:	Unit Title:
Please tick ONE box only ie Either RPL Or Training			
<input type="checkbox"/>	<input type="checkbox"/>	BSBFIM502A	Manage payroll
<input type="checkbox"/>	<input type="checkbox"/>	BSBADM502B	Manage meetings
<input type="checkbox"/>	<input type="checkbox"/>	BSBADM504B	Plan or review administration systems
<input type="checkbox"/>	<input type="checkbox"/>	BSBADM506B	Manage business document design and development
<input type="checkbox"/>	<input type="checkbox"/>	BSBPMG510A	Manage projects
<input type="checkbox"/>	<input type="checkbox"/>	BSBR5K501A	Manage risk
<input type="checkbox"/>	<input type="checkbox"/>	BSBWOR501B	Manage personal work priorities and professional development
<input type="checkbox"/>	<input type="checkbox"/>	BSBHRM402A	Recruit, select and induct staff
<input type="checkbox"/>	<input type="checkbox"/>	BSBMKG501B	Identify and evaluate marketing opportunities
<input type="checkbox"/>	<input type="checkbox"/>	BSBWOR502B	Ensure team effectiveness
<input type="checkbox"/>	<input type="checkbox"/>	BSBOHS509A	Ensure a safe workplace
<input type="checkbox"/>	<input type="checkbox"/>	BSBMGT515A	Manage operational plan
<input type="checkbox"/>	<input type="checkbox"/>	BSBMGT516B	Facilitate continuous improvement

Fee structure

Full BSB50207 **\$3600.00** Recognition of Prior Learning (RPL) **\$1600.00**

A deposit is required on enrolment.

Payment Method

A tax invoice and receipt will be sent on receipt of payment.

I am paying \$..... as <input type="checkbox"/> Deposit <input type="checkbox"/> Full Course Fee	
<input type="checkbox"/> Cheque/money order payable to: <i>Southern Cross International Learning Institute</i> <input type="checkbox"/> Direct Deposit	DIRECT DEPOSIT DETAILS: Bank: Westpac Banking Corp. BSB No: 034 292 Account No: 358148 Account: Shincrest P/L Name: T/A Southern Cross International Learning Institute (SCILI)
<input type="checkbox"/> I would like to pay by credit card (<i>please complete your credit card details</i>): Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Bankcard <input type="checkbox"/> Visa	
Card Number: <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	Expiry Date: ___/___
Cardholder Name: _____	Cardholder Signature: _____